



Please print legibly. Verify that names are spelled correctly and appear as wanted on conference nametags. Indicate your meal options in the next section. **Campus Team Leaders:** Provide your information here as contact information for the team as a whole. List team members in the next section.

Your name (last): _____ (first): _____

Check one: ☐ Individual student ☐ Professional Your title: _____

School/organization: _____

Address: (street) _____ (city) _____ (state) _____ (zip) _____

Phone numbers: (day) _____ (evening) _____

E-mail address (required): _____ Fax number: _____

INDIVIDUAL OPTIONS / STUDENT CAMPUS TEAMS

Put a check next to all meals that you will attend each day (**B**=Breakfast / **L**=Lunch / **D**=Dinner). **Campus Team Leaders:** List all student team members, indicating e-mail addresses and meal choices. Teams with more than five students are welcome—simply add a second form!

Name (last, first)	E-mail address	I would like a vegetarian meal.	I will attend these meals . . .		
			Feb. 25	Feb. 26	Feb. 27
Individual / Campus team leader	(Given above)	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> D	<input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D	<input type="checkbox"/> B <input type="checkbox"/> L
(List student team members below. Teams with more than five students are welcome—simply add a second form!)					
1.		<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> D	<input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D	<input type="checkbox"/> B <input type="checkbox"/> L
2.		<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> D	<input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D	<input type="checkbox"/> B <input type="checkbox"/> L
3.		<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> D	<input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D	<input type="checkbox"/> B <input type="checkbox"/> L
4.		<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> D	<input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D	<input type="checkbox"/> B <input type="checkbox"/> L
5.		<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> D	<input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D	<input type="checkbox"/> B <input type="checkbox"/> L

REGISTRATION DEADLINE: FEBRUARY 16, 2011

Please submit registration form to:

Attn: College Conference
Virginia ABC Education
P.O. Box 27491
Richmond, VA 23261-7491
Fax: (804) 213-4457
education@abc.virginia.gov

For more information, please contact the Virginia ABC Education Section at (804) 213-4688 or education@abc.virginia.gov.

*SOMEWHERE IN THE COMMONWEALTH
 A GROUP OF HEROES MEET...*

RESOURCE FORUM!

☐ **YES**, my school will prepare a display featuring prevention initiatives to share during the conference Resource Forum on February 26, 2011.